

Test Trial Venue Application Form

This form is divided into 5 sections. You should complete all sections. Please complete section 4 for each venue that you are applying to register.

Please complete all the questions. If you cannot answer a question, please leave it blank. Answering 'no', or leaving a question blank, will not necessarily prejudice your application.

1. General Information

1.1. Institutional details

Official name of the institution (<i>as it appears on official documents</i>):			
Trading name of the institution (<i>as it is known to the public</i>):			
Which name should the venue be known as?			
Company registration number (if applicable):		VAT Number/Fiscal code (or relevant sales tax number) as applicable:	
		Please provide a copy of your VAT registration	
Registered Office Address:			
Town:		Province/County:	
Country:		Postcode:	
Tel.:	Fax:	Web:	Mobile:
Email:			

1.2. Legal Representative – this person should have legal authority to act on behalf of your centre and should sign this application

Name:			
Address (if different from 1.1)			
Town:		Province/County:	
Country:		Postcode:	
Tel.:	Fax:	Web:	Mobile:
Email:			

1.3. Main contact details (must be nominated by the Legal Representative)

Name:		Position:	
Address:			
Town:		Province/County:	
Country:		Postcode:	
Tel:	Fax:	Web:	Mobile:
Email:			

1.4. How did you learn about Trinity?

Meeting: <input type="checkbox"/>	Trinity visit: <input type="checkbox"/>	Trinity website: <input type="checkbox"/>
Advertisement: <input type="checkbox"/>	Referral: <input type="checkbox"/>	Email: <input type="checkbox"/>
Other (please specify):		

2. Which qualification do you wish to offer?

Qualification	Estimated number of students
Graded Exams in Spoken English (GESE) Qualifications	
Integrated Skills in English (ISE) Qualifications	
Spoken English for Work (SEW) Qualifications	
Skills for Life (SfL) Qualifications	

3. Institutional Profile

3.1 Centre type that best represents your institution (please mark the corresponding box(es) with an X):

Music school: <input type="checkbox"/>	Drama school: <input type="checkbox"/>	Dance school: <input type="checkbox"/>	Language school: <input type="checkbox"/>
Further Education College: <input type="checkbox"/>	Vocational school: <input type="checkbox"/>	Teacher training centre: <input type="checkbox"/>	University: <input type="checkbox"/>
Parent/teacher association: <input type="checkbox"/>	Extracurricular service: <input type="checkbox"/>	Summer school: <input type="checkbox"/>	Other (please specify):

3.2 Are you already a Registered Exam Centre with Trinity? If so, please state your Trinity registration number and state which Trinity exams you already deliver

Trinity registration number:
Trinity exam(s) you offer:

3.3 Have you previously been a Registered Exam Centre with Trinity?

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, when did you cease being a centre?	
What was your centre number (if known)?	

3.4 Does your centre operate year round?

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If no, how frequent are your courses?	

3.5 Students at your institution

How many students are there at your institution?
Age range of your students:

3.6 Do you prepare students for external exams?

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If so, for which exam boards?	

3.7 Do you act as an exam centre for other exam boards?

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If so, for which exam boards?	

3.8 Does your centre hold any current accreditation that might be relevant to the exams you wish to offer?

No: <input type="checkbox"/>	Yes (please give details): <input type="checkbox"/>
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4. Test trial Venue

Trinity's requirements for test trial venues are listed on page 6 of this document. By applying, you warrant that your test trial venue meets all relevant listed requirements for the test trials you wish to offer.

A floor plan or photograph of each test trial room, in test trial setting, must be provided with this application.

Please complete this section for each test trial venue that you wish to register for test trials.

4.1 Test trial venue details

Address:			
Town:		Province/County:	
Country:		Postcode:	
Tel.:	Fax:	Mobile:	
Email:		Web:	

4.2 Is the test trial venue your permanent location?

<input type="checkbox"/>	Permanent location
<input type="checkbox"/>	Temporary for the period of the test trials only

4.3 Is there public liability insurance for the test trial venue?

Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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4.4 Access, amenities and transport links for this test trial venue

Do you have disabled access at the venue? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If so, please describe what amenities you provide for disabled students:
Is your venue serviced by transport options? Please specify available transport:

4.5 Estimated number of candidates to the test trial venue per annum

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4.6 Test trial sessions – please indicate your preferences with a tick

Jan:	Feb:	Mar:	Apr:	May:	Jun:	Jul:	Aug:	Sept:	Oct:	Nov:	Dec:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Declaration

I, the undersigned, declare that the information supplied in this Application Form and the accompanying documents is correct and true and I agree to fulfil the rules and regulations surrounding the correct administration of a Test Trial Venue and test trials offered by Trinity College London as detailed in the corresponding Syllabuses, Specifications, Rules and Regulations and Test Trial Handbooks.

I warrant that the proposed test trial venue(s) meet all of Trinity's venue requirements which are attached to this application.

I confirm that if there is any change to the information already provided, I will inform Trinity immediately by emailing the relevant [National Representative](#).

I warrant that I have authority to sign this form on behalf of the centre.

Legal representative	
Signature:	Signed by:
Date:	Stamp:

Thank you for filling in this application. We will send you the result of your application as soon as possible. If your application is accepted, you may receive the contract by mail or by email. Where the contract is received by mail, it should be signed in duplicate with one copy returned by post to Trinity College. Where you receive the contract by email please follow the instructions contained in the email to sign the contract. Any personal data collected under this form will be used for the purpose of processing this application and managing your subsequent relationship with us as a Test Trial Venue. Except as agreed by you or where required by law, Trinity will not disclose such personal information to third parties other than persons involved in the provision of examination services to Trinity or for statistical purposes. By submitting this application form, you consent to the processing of this personal data for the above purposes.

VENUE REQUIREMENT CHECKLIST

You can assess if your centre will meet Trinity's exam Venue Requirements by going through the checklists that apply to your chosen exams and venue. Please note that more than one checklist may apply.

Checklist for all exams, practical and written

Separate waiting room provided (for practical exams in music and drama, this must not be adjacent to the exam room)	<input type="checkbox"/>
Printing facilities for exam materials, e.g. appointment slips as required	<input type="checkbox"/>
Internet wifi access for examiners (desirable, not compulsory)	<input type="checkbox"/>

Checklist for all written exams only

Guidelines for the written exam room layout is available [here](#).

Number of exam rooms available	<input type="checkbox"/>
Total candidate capacity of exam rooms, when the room is set up in exam layout	<input type="checkbox"/>
Secure (lockable) storage for exam papers	<input type="checkbox"/>
Storage area for candidate belongings? (bags, etc.)	<input type="checkbox"/>
Desks and chairs available for invigilators	<input type="checkbox"/>
Individual desks and chairs for candidates	<input type="checkbox"/>
Wall clock visible to all candidates	<input type="checkbox"/>
Whiteboard / blackboard visible to all candidates	<input type="checkbox"/>

Checklist for all spoken Language exams

Electrical supply in each exam room	<input type="checkbox"/>
Table and two chairs for examiner and candidate to conduct interviews	<input type="checkbox"/>
FOR SEW only:	<input type="checkbox"/>
Two interview rooms connected by telephone	<input type="checkbox"/>
Exam room with wireless internet desirable, not compulsory)	<input type="checkbox"/>